



# FILED

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MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURTUNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISIONELIZABETH M. McLAUGHLIN

(Name of the plaintiff or plaintiffs)

v.

DAVE SMITHTRINA HAMRICKST. MARY'S HOSPITAL, STREATOR, IL.  
(Name of the defendant or defendants)

08CV3596

JUDGE ANDERSEN

MAGISTRATE JUDGE ASHMAN

## COMPLAINT OF EMPLOYMENT DISCRIMINATION

1. This is an action for employment discrimination.

2. The plaintiff is ELIZABETH M. McLAUGHLIN of the  
county of LaSalle in the state of ILLINOIS.

3. The defendant is DAVE SMITH, TRINA HAMRICK, ST. MARY'S HOSPITAL whose  
street address is \_\_\_\_\_

(city) STREATOR (county) LaSALLE (state) ILL. (ZIP) 61364

(Defendant's telephone number) ( ) - \_\_\_\_\_

4. The plaintiff sought employment or was employed by the defendant at (street address)

ST. MARY'S HOSPITAL, 111 SPRING ST (city) STREATOR

(county) LaSALLE (state) ILL (ZIP code) 61364

5. The plaintiff [*check one box*]

- (a) ☐ was denied employment by the defendant.
- (b) ☐ was hired and is still employed by the defendant.
- (c) ☒ was employed but is no longer employed by the defendant.

6. The defendant discriminated against the plaintiff on or about, or beginning on or about,  
 (month) MAY, (day) \_\_\_\_\_, (year) 2006.

7.1 (Choose paragraph 7.1 or 7.2, do not complete both.)

(a) The defendant is not a federal governmental agency, and the plaintiff [*check one box*] ☐ *has not* filed a charge or charges against the defendant ☒ *has* asserting the acts of discrimination indicated in this complaint with any of the following government agencies:

- (i) ☐ the United States Equal Employment Opportunity Commission, on or about  
 (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_.
- (ii) ☒ the Illinois Department of Human Rights, on or about  
 (month) AUGUST (day) \_\_\_\_\_ (year) 2007.

(b) If charges *were* filed with an agency indicated above, a copy of the charge is attached. ☒ YES. ☐ NO, but plaintiff will file a copy of the charge within 14 days.

It is the policy of both the Equal Employment Opportunity Commission and the Illinois Department of Human Rights to cross-file with the other agency all charges received. The plaintiff has no reason to believe that this policy was not followed in this case.

## 7.2 The defendant is a federal governmental agency, and

- (a) the plaintiff previously filed a Complaint of Employment Discrimination with the defendant asserting the acts of discrimination indicated in this court complaint.

☐ Yes (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_

☐ No, did not file Complaint of Employment Discrimination

(b) The plaintiff received a Final Agency Decision on (month) \_\_\_\_\_  
(day) \_\_\_\_\_ (year) \_\_\_\_\_.

(c) Attached is a copy of the

(i) Complaint of Employment Discrimination,

☐ YES ☐ NO, but a copy will be filed within 14 days.

(ii) Final Agency Decision

☐ YES ☐ NO, but a copy will be filed within 14 days.

8. (Complete paragraph 8 only if defendant is not a federal governmental agency.)

(a) ☒ the United States Equal Employment Opportunity Commission has not issued  
a *Notice of Right to Sue*.

(b) ☒ the United States Equal Employment Opportunity Commission has issued a  
*Notice of Right to Sue*, which was received by the plaintiff on  
(month) MARCH (day) 26 (year) 2008 a copy of which  
*Notice* is attached to this complaint.

9. The defendant discriminated against the plaintiff because of the plaintiff's [**check only those that apply**]:

(a) ☒ Age (Age Discrimination Employment Act).

(b) ☐ Color (Title VII of the Civil Rights Act of 1964 and 42 U.S.C. §1981).

- (c) ☐ Disability (Americans with Disabilities Act or Rehabilitation Act)
- (d) ☐ National Origin (Title VII of the Civil Rights Act of 1964 and 42 U.S.C. §1981).
- (e) ☐ Race (Title VII of the Civil Rights Act of 1964 and 42 U.S.C. §1981).
- (f) ☐ Religion (Title VII of the Civil Rights Act of 1964)
- (g) ☐ Sex (Title VII of the Civil Rights Act of 1964)

10. If the defendant is a state, county, municipal (city, town or village) or other local governmental agency, plaintiff further alleges discrimination on the basis of race, color, or national origin (42 U.S.C. § 1983).

11. Jurisdiction over the statutory violation alleged is conferred as follows: for Title VII claims by 28 U.S.C. §1331, 28 U.S.C. §1343(a)(3), and 42 U.S.C. §2000e-5(f)(3); for 42 U.S.C. §1981 and §1983 by 42 U.S.C. §1988; for the A.D.E.A. by 42 U.S.C. §12117; for the Rehabilitation Act, 29 U.S.C. § 791.

12. The defendant [*check only those that apply*]

- (a) ☐ failed to hire the plaintiff.
  - (b) ☒ terminated the plaintiff's employment.
  - (c) ☐ failed to promote the plaintiff.
  - (d) ☐ failed to reasonably accommodate the plaintiff's religion.
  - (e) ☐ failed to reasonably accommodate the plaintiff's disabilities.
  - (f) ☐ failed to stop harassment;
  - (g) ☐ retaliated against the plaintiff because the plaintiff did something to assert rights protected by the laws identified in paragraphs 9 and 10 above;
  - (h) ☐ other (specify): \_\_\_\_\_
-

13. The facts supporting the plaintiff's claim of discrimination are as follows:

PLAINTIFF WAS DISCRIMINATED ON THE REPORT OF HER DOZING WHILE  
 1. SITTING WITH A PATIENT, WHEN OTHER YOUNGER EMPLOYEES HAVE BEEN NOTICED  
 DOING THE SAME ACTION.

2. THE DAY IN QUESTION PLAINTIFF WAS INSTRUCTED TO WORK A DOUBLE  
 SHIFT AND ATTEND MEETINGS.

3. WITH THE ABOVE ACTIONS MENTIONED, THE SUPERVISOR HAD  
 PLAINTIFF WORK OUT HER FULL SHIFT FOLLOWING THE INCIDENT  
 IN QUESTION.

14. [AGE DISCRIMINATION ONLY] Defendant knowingly, intentionally, and willfully discriminated against the plaintiff.

15. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

16. THEREFORE, the plaintiff asks that the court grant the following relief to the plaintiff  
 [check only those that apply]

- (a) ☐ Direct the defendant to hire the plaintiff.  
 (b) ☐ Direct the defendant to re-employ the plaintiff.  
 (c) ☐ Direct the defendant to promote the plaintiff.  
 (d) ☐ Direct the defendant to reasonably accommodate the plaintiff's religion.  
 (e) ☐ Direct the defendant to reasonably accommodate the plaintiff's disabilities.  
 (f) ☒ Direct the defendant to (specify): COMPENSATE THE PLAINTIFF FOR ALL LOST  
 WORK HOURS FROM TIME OF TERMINATION TO CURRENT.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- (g) ☒ If available, grant the plaintiff appropriate injunctive relief, lost wages, liquidated/double damages, front pay, compensatory damages, punitive damages, prejudgment interest, post-judgment interest, and costs, including reasonable attorney fees and expert witness fees.
- (h) ☒ Grant such other relief as the Court may find appropriate.

(Plaintiff's signature)

Elizabeth M. McLaughlin

(Plaintiff's name)

ELIZABETH M. McLAUGHLIN

(Plaintiff's street address)

305 COURT ST STREATOR

\_\_\_\_\_

(City) STREATOR (State) ILL (ZIP) 61364

(Plaintiff's telephone number) (815) 6749105

Date: 6/20/08

STATE OF ILLINOIS  
DEPARTMENT OF HUMAN RIGHTS

IN THE MATTER OF:

ELIZABETH MCLAUGHLIN,

COMPLAINANT,

AND

ST. MARY'S HOSPITAL,

RESPONDENT.

CHARGE NO. 2006CA2167

EEOC NO. 21BA61126

**REQUEST FOR REVIEW**

Ms. Elizabeth McLaughlin  
305 Court Street  
Streator, IL 61364

Ms. Stephanie L. Dodge, Esq.  
Gardner, Carton & Douglas, LLP  
Attorneys at Law  
191 North Wacker Drive, Suite 3700  
Chicago, IL 60606-1698

TO: Ms. Elizabeth McLaughlin

DATE: July 25, 2007

REQUEST FOR REVIEW FILING DEADLINE DATE: August 29, 2007

I hereby request that the Department of Human Rights' (DHR) dismissal of the charge be reviewed by the Chief Legal Counsel of the Department.

IN THE SPACE PROVIDED BELOW, YOU **MUST LIST AND DESCRIBE THE SPECIFIC REASONS THAT THE CHARGE SHOULD NOT HAVE BEEN DISMISSED.** If applicable, you may write on the back of this form or attach additional information or documents, which support your Request for Review. You may review your investigation file, to help you prepare your request by calling 312-814-6262 or 217-785-5100. The decision of the Chief Legal Counsel will be published on the Department's website.

*because I did not have dates times, I never  
thought to write them down never thought I'd see this  
any part may was a part of me*  
*Elizabeth McLaughlin*  
SIGNATURE 7/31/07  
DATE

**YOU MUST ENCLOSE THE ORIGINAL AND THREE COPIES OF YOUR ENTIRE REQUEST AND SIGN, DATE AND HAVE THIS FORM POSTMARKED OR HAND DELIVERED BY THE FILING DEADLINE DATE ABOVE, TO:**

Chief Legal Counsel, Illinois Department of Human Rights, 100 West Randolph Street,  
Suite 10-100, Chicago, IL 60601.

**THIS FORM MAY NOT BE SENT VIA TELEFAX.**

2/99

## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

## DISMISSAL AND NOTICE OF RIGHTS

To: **Ms. Elizabeth McLaughlin**  
**305 Court Street**  
**Streator, IL 61364**

From: **Equal Employment Opportunity Commission**  
**Chicago District Office**  
**500 West Madison Street**  
**Suite 2800**  
**Chicago, Illinois 60661-2511**

☐

On behalf of person(s) aggrieved whose identity is  
 CONFIDENTIAL (29 CFR § 1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

**21B-2006-01126****Nola Smith, State & Local Coordinator****(312) 886-5973**

## THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:

- ☐ The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.
- ☐ Your allegations did not involve a disability as defined by the Americans with Disabilities Act.
- ☐ The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.
- ☐ Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge.
- ☐ Having been given 30 days in which to respond, you failed to provide information, failed to appear or be available for interviews/conferences, or otherwise failed to cooperate to the extent that it was not possible to resolve your charge.
- ☐ While reasonable efforts were made to locate you, we were not able to do so.
- ☐ You were given 30 days to accept a reasonable settlement offer that affords full relief for the harm you alleged.
- ☐ The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.
- ☒ The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.
- ☐ Other (briefly state)

## - NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

**Title VII, the Americans with Disabilities Act, and/or the Age Discrimination in Employment Act:** This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS of your receipt of this Notice**; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a state claim may be different.)

**Equal Pay Act (EPA):** EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission


*John P. Rowe*  
 John P. Rowe, District Director

03/26/08  
 (Date Mailed)

Enclosure(s)

cc: **ST. MARY'S HOSPITAL**



<b>CHARGE OF DISCRIMINATION</b> This form is affected by the Privacy Act of 1974: See Privacy act statement before completing this form. 06M1017.03		AGENCY <input checked="" type="checkbox"/> IDHR <input type="checkbox"/> EEOC	CHARGE NUMBER 2006CA 2167
<b>Illinois Department of Human Rights and EEOC</b>			
NAME (Indicate Mr. Ms. Mrs.) Elizabeth McLaughlin		HOME TELEPHONE (include area code) 815-672-8529	
STREET ADDRESS 305 Court Street	CITY, STATE AND ZIP CODE Streator, Illinois 61364		DATE OF BIRTH 05/ 09/46
NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (IF MORE THAN ONE LIST BELOW)			
NAME St. Mary's Hospital	NUMBER OF EMPLOYEES, MEMBERS 15+	TELEPHONE (include area code) 815-673-2311	
STREET ADDRESS 111 Spring Street	CITY, STATE AND ZIP CODE Streator, Illinois 61364		COUNTY LaSalle
CAUSE OF DISCRIMINATION BASED ON: AGE		DATE OF DISCRIMINATION EARLIEST (ADEA/EPA) LATEST (ALL) 09/12/ 05 09/12/ 05 <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional space is needed attach extra sheets)			
I. A. ISSUE/BASIS DISCHARGE - SEPTEMBER 12, 2005, BECAUSE OF MY AGE 59. OF HUMAN RIGHTS CASE DISPOSITION UNIT			
B. PRIMA FACIE ALLEGATIONS			
1. My age is 59.			
2. My job performance as a certified nursing assistant met Respondent's legitimate expectations. I was hired in June, 1990.			
3. On September 12, 2005, I was discharged. The reason given for the discharge was sleeping on the job.			
4. Younger employees who sleep on the job were not discharged.			
MFP/JJT/RCG			
I also want this charge filed with the EEOC. I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		SUBSCRIBED AND SWORN TO BEFORE ME ON THIS Sandra L. McBride 1/30/06 NOTARY SIGNATURE MONTH DATE-YEAR	
		x Elizabeth McLaughlin 1/31/06 SIGNATURE OF COMPLAINANT DATE I declare under penalty that the foregoing is true and correct I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief	
NOTARY SEAL			